

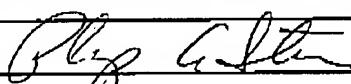
RECEIVED  
CENTRAL FAX CENTER

OCT 05 2007

<b>TRANSMITTAL FORM</b>		Application Number	10/699,187
(to be used for all correspondence after initial filing)		Filing Date	11/1/03
		First Named Inventor	John Guido
		Art Unit	1761
		Examiner Name	MAHAFKEY, KELLY J
Total Number of Pages in This Submission	40	Attorney Docket Number	UT09042003

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing -related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration (s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CID		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
Request for withdrawal (SB/83) (Amended)			
Remarks			
Attorney of record has been hired by another law firm. New firm is limiting new clients to those compatible with the firm. Withdrawal is with client permission as contractually provided..			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of Philip A Steiner		
Signature	/PAS/		
Printed name	Philip A Steiner, Esq.		
Date	October 5, 2007	Reg. No.	47967

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Philip A Steiner	Date	10/3/07

8 of 40

**RECEIVED  
CENTRAL FAX CENTER**

**OCT 05 2007**

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/699,187
Filing Date	11/1/2003
First Named Inventor	John Guido
Art Unit	1761
Examiner Name	MAHAFKEY, KELLY J
Attorney Docket Number	UT09042003

To: Commissioner for Patents

P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
- the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- the attorneys/agents associated with Customer Number **31105**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

37 CFR 10.40(c)(6) Other good cause of withdrawal; clients have agreed to withdrawal in accordance with attorney/client fee agreement.

**CORRESPONDENCE ADDRESS**

1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	John Guido
Address	14609 Ave 241/2	
City	Chowchilla	State California
Country	USA	
Telephone		
Signature	JPAS/	
Name	Philip A Steiner, Esq.	Registration No. 47967
Date	October 05, 2007	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Patent